

1. Assess airway and initiate basic and/or advanced airway maneuvers prn ([MCG 1302](#))
2. Administer **Oxygen** prn ([MCG 1302](#))
3. Advanced airway prn ([MCG 1302](#))
4. Initiate cardiac monitoring prn ([MCG 1308](#))
Perform 12-lead ECG if cardiac ischemia suspected
5. Establish vascular access prn ([MCG 1375](#))
6. For suspected sepsis with any **one** of the following: tactile fever, tachycardia, or poor perfusion ([MCG 1355](#)):
Normal Saline 1L IV/IO rapid infusion
Reassess after each 250 mL increment for evidence of volume overload (pulmonary edema);
stop infusion if pulmonary edema develops
Document Provider Impression of *Sepsis* ❶

For persistent poor perfusion, treat in conjunction with [TP 1207, Shock/Hypotension](#)
7. Check blood glucose prn;
If < 60mg/dL or >400 mg/dL treat in conjunction with [TP 1203, Diabetic Emergencies](#)
8. If fever present without signs of sepsis or poor perfusion:
Perform passive cooling measures and cover with thermal blankets if shivering occurs
Document Provider Impression of *Fever* ❷ ❸
9. For nausea or vomiting:
Ondansetron 4mg ODT/IV/IM
10. For pain management: ([MCG 1345](#))
Fentanyl 50mcg (1mL) slow IV push or IM/IN
Repeat every 5 min prn, maximum total dose prior to Base contact 150mcg
Morphine 4mg (1mL) slow IV push or IM
Repeat every 5 min prn, maximum total dose prior to Base contact 12mg

CONTACT BASE for additional pain management after maximum dose administered:
May repeat as above up to maximum total dose Fentanyl 250mcg or Morphine 20mg

SPECIAL CONSIDERATIONS

- ❶ Sepsis is defined as the body's response to infection and *may* include fever, tachycardia or bradycardia, tachypnea, and signs of poor perfusion. Other signs of infection may be present such as cough (e.g., pneumonia), painful urination (e.g., urinary tract infection), abdominal pain (e.g., appendicitis), headache (e.g., meningitis), or a red swollen extremity (e.g., cellulitis, or necrotizing fasciitis). Septic shock is a continuum of signs and symptoms, which includes the presence of hypotension and/or evidence of poor perfusion. If infection is present and sepsis with or without shock is present document provider impression as *Sepsis*.
- ❷ Fever is a natural response of the body to fight infection and may be present without signs of sepsis. If fever is present without signs of sepsis (tachypnea, tachycardia, or obvious sign of infection) or septic shock (signs of poor perfusion), document the provider impression as *Fever*.
- ❸ For patients presenting with fever, obtain travel history, and if travel history positive contact the Medical Alert Center to determine risk for infectious disease requiring special isolation procedures or transport.